

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	2nf	12	02/26/00
O.I.P.E. CLASSIFIER		943	3/14
FORMALITY REVIEW	A-S		4-5-1
RESPONSE FORMALITY REVIEW	MD	2090	06/25/01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	0	10/2/03
2	✓	0	11/5/04
3	✓	0	11/5/04
4	✓	0	11/5/04
5	✓	0	11/5/04
6	✓	0	11/5/04
7	✓	0	11/5/04
8	✓	0	11/5/04
9	✓	0	11/5/04
10	✓	0	11/5/04
11	✓	0	11/5/04
12	✓	0	11/5/04
13	✓	0	11/5/04
14	✓	0	11/5/04
15	✓	0	11/5/04
16	✓	0	11/5/04
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18	✓	0	11/5/04
19	✓	0	11/5/04
20	✓	0	11/5/04
21	✓	0	11/5/04
22	✓	0	11/5/04
23	✓	0	11/5/04
24	✓	0	11/5/04
25	✓	0	11/5/04
26	✓	0	11/5/04
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29	✓	0	11/5/04
30	✓	0	11/5/04
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44	✓	0	11/5/04
45	✓	0	11/5/04
46	✓	0	11/5/04
47	✓	0	11/5/04
48	✓	0	11/5/04
49	✓	0	11/5/04
50	✓	0	11/5/04

Claim	Final	Original	Date
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Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions  
 staple additional sheet here

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